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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/612,512	07/02/2003	Carl J. Conforti	05/01 CC	3523
7590	06/09/2004			
CARL J. CONFORTI 30 RIVER VIEW ST. FALL RIVER, MA 02724			EXAMINER VERBITSKY, GAIL KAPLAN	
			ART UNIT 2859	PAPER NUMBER

DATE MAILED: 06/09/2004

Please find below and/or attached an Office communication concerning this application or proceeding.

<b>Interview Summary</b>	Applicant(s)	Applicant(s)	
	10/612,512	CONFORTI, CARL J.	
	Examiner	Art Unit	
	Gail Verbitsky	2859	

All participants (applicant, applicant's representative, PTO personnel):

(1) Gail Verbitsky. (3)\_\_\_\_\_.

(2) Mr. Conforti. (4)\_\_\_\_\_.

Date of Interview: 01 June 2004.

Type: a) ☒ Telephonic b) ☐ Video Conference  
c) ☐ Personal [copy given to: 1) ☐ applicant 2) ☐ applicant's representative]

Exhibit shown or demonstration conducted: d) ☐ Yes e) ☐ No.  
If Yes, brief description: \_\_\_\_\_.

Claim(s) discussed: 19 and 27.

Identification of prior art discussed: Mahler.

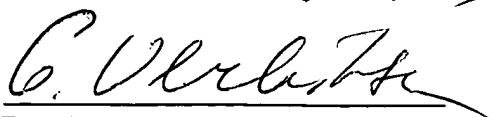
Agreement with respect to the claims f) ☒ was reached. g) ☐ was not reached. h) ☐ N/A.

Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: applicant will amend claim 19 to add limitations stating that the light source is a visible light source, and that it illuminates externally and behind the probe, applicant will combine claim 27 and 28 in order to overcome the rejection in the Office action sent to applicant on 05/19/2004.

(A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.)

THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WHICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

AU 2859  
  
Examiner's signature, if required